## TOWN OF EXETER

10 Front Street Exeter, NH 03833 778-0591

## REQUIRED VERIFICATIONS FOR APPLICATION

You must provide the following verification/documentation at your appointment or assistance may be delayed or denied:

Completed and signed application	on form
✓ Proof of identification (picture	ID, license, birth certificate, Social Security Card etc.)
✓ Last 4 weeks pay-stubs or other	proof of net wages for anyone over age 18
✓ Social Security benefits (if disab	oled or retired) benefit notice/ or copy of monthly check
✓ Last 4 four weeks Unemployment	nt Compensation benefit notice or copy of weekly check
✓ Workman's Compensation paym	nent notice
✓ TANF, Food stamps, APTD, Me	edicaid, award letters
✓ Employment termination form fr	rom your last employer (if recently terminated)
✓ ALL PAGES: MOST CURREN	NT - Savings and checking account, liquid asset statements,
bankbooks, cash recourses etc.	
✓ Rental Verification Form (if ren	t is requested)
✓ MOST CURRENT electric bill a	and disconnect notice if applicable
✓ Last four week's receipts or other	er proof of payment of bills paid - or currently due
✓ 2012 Income Tax Refund and da	ate received
✓ - You have applied at the HHS I	District Office for programs below if not receiving:
☐ Emergency Food Sta	amps
☐ Title XX Daycare	☐ APTD/MA ☐ OAA
TANF Emergency A	Assistance
✓ - Proof of car repairs (receipts)	paid in the last 4 weeks
✓ - You have applied for / are rece	eiving Fuel Assistance benefits
<ul> <li>✓ - Verification of injury or illness</li> </ul>	S
✓ - Statement child support payme	ents received / Child support court order
her:	

request for assistance. I understand that if approved for assistance I may be required to do a job search.

Human Service Staff signature

Applicant signature